



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E443277**

INTERSTATE <input type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input checked="" type="checkbox"/>	HIT & RUN INVOLVED <input checked="" type="checkbox"/>

TRIBAL RESERVATION ☐

CASE #	15-01767
LOCAL AGENCY CODING	
TOTAL # OF UNITS	02
OBJECT STRUCK	

DATE OF COLLISION	07	02	2015	TIME (2400)	1100	COUNTY #	31	MILES	N	E	IN	<input checked="" type="checkbox"/>	CITY #	0664
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ON (PRIMARY TRAFFIC WAY) INTERSECTION ☐ NON-INTERSECTION ☒

MAIN STREET	BLOCK NO.	<input checked="" type="checkbox"/>	1804
	MILE POST		

DISTANCE		MILES	N	E	OF (REFERENCE OR CROSS STREET)	
		FEET	S	W		

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	PHONE	
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LAST NAME	UNKNOWN	FIRST NAME		MIDDLE INITIAL	
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STREET NEW ADDRESS ☐

CITY		ST		ZIP	
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CDL		RESTRICTIONS		ENDORSEMENTS	
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DRIVER'S LICENSE #		STATE		SEX	U	D.O.B.	MMDDYYYY		
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	9	RESTR.	9	EJECT	9	HELMET USE	9	INJURY CLASS	0	NATURE OF INJURIES	
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LICENSE PLATE #		STATE		VIN#	
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR		MAKE		MODEL		STYLE		VEHICLE TOWED	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT	<input type="checkbox"/>	INSURANCE CO & POLICY #		CITATION #		CHARGE	
VEHICLE LEGALLY STANDING	YES <input type="checkbox"/> NO <input type="checkbox"/>						



UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE	
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LAST NAME	UNKNOWN	FIRST NAME		MIDDLE INITIAL	
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STREET NEW ADDRESS ☐

CITY		ST		ZIP	
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CDL		RESTRICTIONS		ENDORSEMENTS	
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DRIVER'S LICENSE #		STATE		SEX	U	D.O.B.	MMDDYYYY		
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	9	RESTR.	9	EJECT	9	HELMET USE	9	INJURY CLASS	0	NATURE OF INJURIES	
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LICENSE PLATE #	V369WSU	STATE	WA	VIN#	JTJBC1BAXA2414496
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2010	MAKE	LEXS	MODEL	RX 450H	STYLE	4W	VEHICLE TOWED	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT	<input type="checkbox"/>	INSURANCE CO & POLICY #		CITATION #		CHARGE	
VEHICLE LEGALLY STANDING	YES <input type="checkbox"/> NO <input type="checkbox"/>						



OFFICER'S NAME (PRINT)	K. PARNELL #0135	BADGE OR ID #	0135	AGENCY	WA0311900
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STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E443277**

CASE # **15-01767**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)													
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY		
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)													
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY		
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)													
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY		
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES

NARRATIVE

Veh. 2 was parked in diagonal parking space at Lake Stevens Library. When RO returned to veh. 2, there was damage to the rear passenger side bumper. No information available for veh. 1.

**** AUTO-POPULATED SECTION ****

THE FOLLOWING ARE DESCRIPTIONS ENTERED FOR ITEMS SELECTED AS "OTHER":

Motor Vehicle Unit 1

Action Code: UNKNOWN

**** END OF AUTO-POPULATED SECTION ****

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

K. PARNELL #0135

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

07-15-15 07:00 AM

DATED

PLACE SIGNED

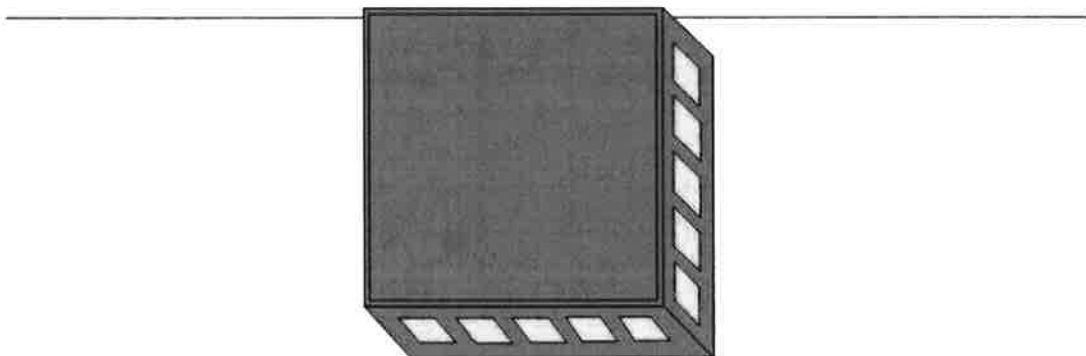
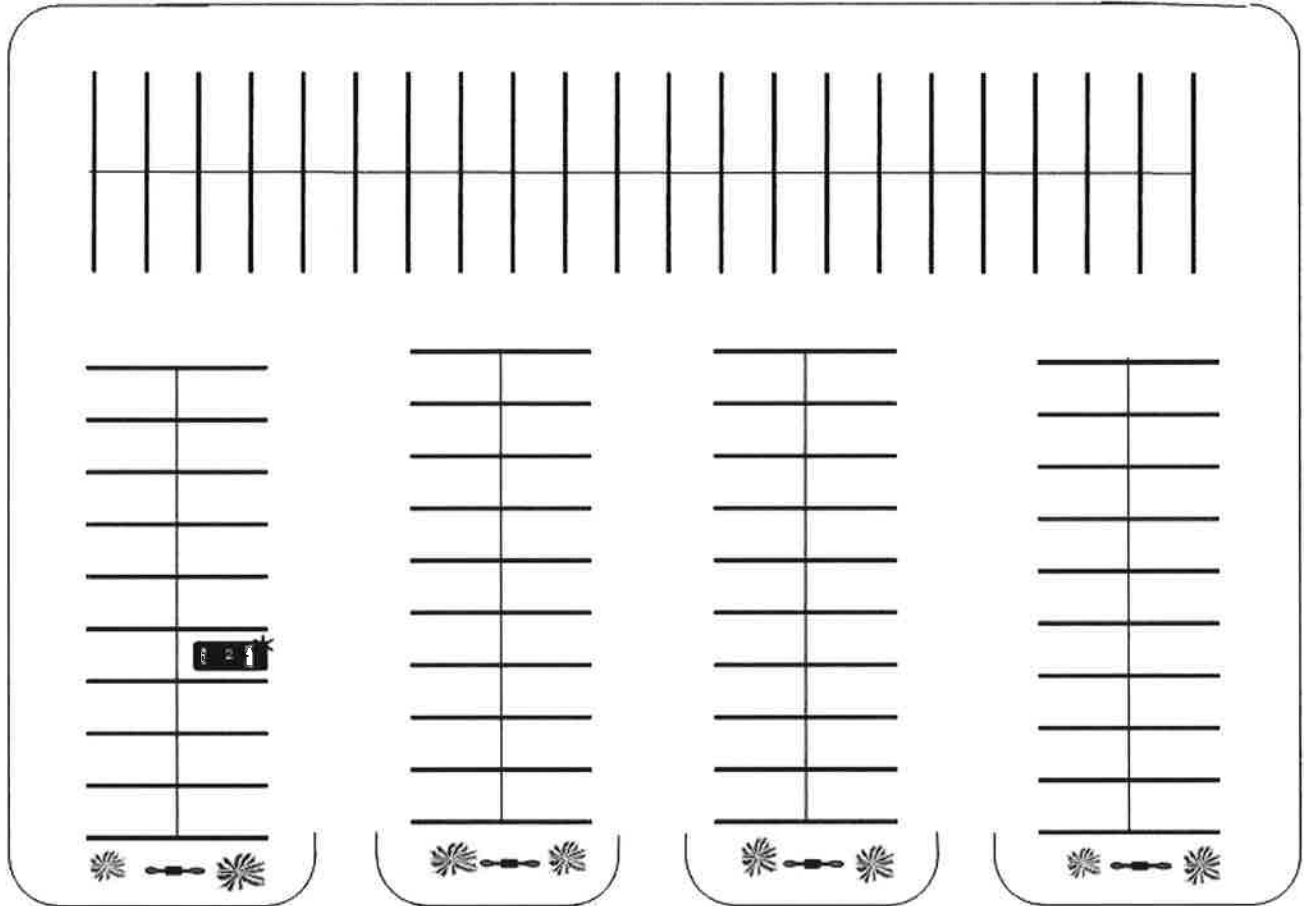
APPROVED BY

BOB SUMMERS 079

DATE

7/16/2015 5:46:35 PM

BADGE OR ID #	0135	ORI #	WA0311900	TIME POLICE DISPATCHED	11:55 AM	TIME POLICE ARRIVED	1:10 PM
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LAKE STEVENS POLICE DEPARTMENT
FIELD INCIDENT REPORT

CASE NUMBER 15-01767																
DATA	INCIDENT CLASSIFICATION HIT AND RUN					ADDRESS / LOCATION OF INCIDENT 1804 Main St.				PREMISES TYPE / NAME Library						
	REPORTED ON				OCCURRED ON OR FROM				OCCURRED TO							
	MONTH 07	DAY 02	YEAR 15	TIME 1155	MONTH 07	DAY 02	YEAR 15	TIME 1030	MONTH 07	DAY 02	YEAR 15	TIME 1130				
REPORTING PARTY	ADDL ON SUPP.		<input type="checkbox"/> PERSONS <input type="checkbox"/> VEHICLES		CODES: V - VICTIM W - WITNESS O - OTHERS		B - VICT BUSINESS C - COMPLAINANT G - PARENT/GUARD		D - DECEASED RO - REG. OWNER		TYPE VICTIM CODE: I - INDIVIDUAL B - BUSINESS F - FINANCIAL		G - GOVERNMENT R - RELIGIOUS S - SOCIETY / PUB		P - POLICE O - OTHER U - UNK	
	NO. RO	NON-DISC.	NAME (LAST, FIRST, MIDDLE) Shelton, Melisa A.					RACE W	ETH	SEX F	DOB 62880	HGT 54	WGT 130	HAIR Brn	EYES Haz	
	STREET ADDRESS 2710 86 Dr. NE				CITY Lake Stevens				STATE WA		ZIP 98258		OCCUPATION/SCHOOL			
	RESIDENCE PHONE 4258293727				BUSINESS PHONE				CELL PHONE				SOCIAL SECURITY NUMBER			
PROPERTY	ITEM #		<input type="checkbox"/> STOLEN <input type="checkbox"/> DAMAGE <input type="checkbox"/> LOST		DESCRIPTION						MODEL #		COLOR			
	QTY		SERIAL #		ARTICLE/TYPE								EST. VALUE			
	ITEM #		<input type="checkbox"/> STOLEN <input type="checkbox"/> DAMAGE <input type="checkbox"/> LOST		DESCRIPTION						MODEL #		COLOR			
	QTY		SERIAL #		ARTICLE/TYPE								EST. VALUE			
PERSON / SUSPECT	PERSON LISTED IS: <input type="checkbox"/> MISSING <input type="checkbox"/> RUNAWAY <input checked="" type="checkbox"/> SUSPECT <input type="checkbox"/> OTHER					IF RUNAWAY/MISSING OFFICER IS REQUESTING A WACIC/NCIC <input type="checkbox"/> ENTRY <input type="checkbox"/> LOCATE <input type="checkbox"/> CLEAR										
	NO.	NAME (LAST, FIRST, MIDDLE)				RACE	ETH	SEX	DOB	HGT	WGT	HAIR	EYES			
	ALIAS NAME(S)					IDENTIFIERS (SCARS, MARKS OR TATTOOS)										
	STREET ADDRESS				CITY		STATE		ZIP	RES. PHONE						
	DATE OF LAST CONTACT		SOCIAL SECURITY NUMBER			OLN		PLACE OF BIRTH			BLOOD TYPE					
	MISCELLANEOUS INFO :															
ORI/ WA0311900					VERIFY PHONE 425-407-3970											
STOLEN / VEHICLE	NO. 1	LICENSE NUMBER V369WSU		STATE WA	VIN / HULL NUMBER JTJBC1BAXA2414496			YEAR 2010	MAKE Lexus		MODEL RX450H	STYLE				
	COLOR Black	SPECIAL FEATURES / DESCRIPTION				VALUE IF STOLEN \$				REGISTERED OWNER'S PHONE 4258293727						
	REGISTERED OWNER'S NAME Shelton, Melisa A.				REGISTERED OWNER'S ADDRESS 2710 86 Dr. NE								REGISTERED OWNER'S ALT. PHONE			
	MILEAGE		DAMAGE TO VEHICLE Y <input checked="" type="checkbox"/> N <input type="checkbox"/>		IF YES: rear passenger bumper											
	1 2		LICENSE PLATE(S)		Y <input type="checkbox"/> N <input type="checkbox"/>		DELINQ. PAYMENT?		Stand <input type="checkbox"/> Auto <input type="checkbox"/>		TRANSMISSION		Y <input type="checkbox"/> N <input type="checkbox"/> OWNER REQUEST IMPOUND			
	Y <input type="checkbox"/> N <input type="checkbox"/>		VEHICLE LOCKED		Y <input type="checkbox"/> N <input type="checkbox"/>		THEFT INSURANCE?		Y <input type="checkbox"/> N <input type="checkbox"/>		STEREO		Y <input type="checkbox"/> N <input type="checkbox"/> EVIDENCE HOLD			
Y <input type="checkbox"/> N <input type="checkbox"/>		IGNITION KEY IN VEH		Y <input type="checkbox"/> N <input type="checkbox"/>		REGISTRATION		<input type="checkbox"/> ENTER VEHICLE LICENSE PLATE/S STOLEN				<input type="checkbox"/> ENTER VEHICLE STOLEN				
NARRATIVE	On 07/02/15 at approximately 1155 hours, Officer Michael Hingtgen and I, Officer Kristen Parnell, were dispatched to a cold hit and run. We arrived at 2710 86 th Dr. NE and spoke to the registered owner, Shelton, Melisa A. (DOB 06/28/80). Melisa reported that she had been at the Lake Stevens Public Library, located at 1804 Main Street, between 1030 and 1130 hours. She parked her vehicle, a black 2010 Lexus RX450H with Washington license V369WSU, in one of the angled parking spots in the library parking lot. When she returned to her vehicle, she saw a large dent that had not been there before on the rear passenger side bumper. There is no information available for the vehicle or driver who caused the damage.															
	MAKING FALSE REPORTS TO PUBLIC OFFICERS: (1) A PERSON COMMITS THE CRIME OF MAKING A FALSE REPORT IF HE / SHE WILLFULLY MAKES ANY UNTRUE, MISLEADING OR EXAGGERATED STATEMENT IN ANY REPORT TO A POLICE OR FIRE DEPT. (2) MAKING A FALSE REPORT IS A MISDEMEANOR. I DO NOT AND DID NOT GIVE ANYONE PERMISSION TO TAKE OR REMOVE MY VEHICLE. I CERTIFY AND DECLARE UNDER THE PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THE FORGOING IS TRUE AND CORRECT.															
SIGNATURE	Initial () I HEREBY GRANT PERMISSION TO SEARCH THE ABOVE LISTED VEHICLE WHEN RECOVERED. THE SEARCH MAY EXTEND TO THE ENTIRE VEHICLE.															
	Initial () I HAVE READ, UNDERSTAND, AND AGREE TO THE ABOVE															
	SIGNATURE OF PERSON 				DATE 07-15-15				LOCATION SIGNED							
OFFICER NAME / NUMBER K. Parnell #135					APPROVED BY 					ENTERED						

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Shelton, Melisa Ann	RACE W	ETH	SEX F	DOB 6/28/00	AGE 35	HGT 5'4"	WGT 155	HAIR Blk	EYES Hazel
STREET ADDRESS 2710 86th DR NE		CITY Lake Stevens		STATE WA		ZIP 98258		RES. STATUS		
HOME PHONE		CELL PHONE 425-029-3727		PLACE OF EMPLOYMENT Marysville School District						
WORK PHONE		EMAIL ADDRESS melisa.shelton@hotmail.com								

I, _____, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

On Thursday, July 2, 2015 I parked my 2010 Lexus in a diagonal parking spot outside (front) of the Lake Stevens Library at 10:30 am. When I returned to my vehicle at 11:30 am, I noticed a very large dent & scrapes on my passenger side back corner. There were no witnesses and no information left. (Hit & run)

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: <i>Melisa Shelton</i>	DATE SIGNED: 7/2/15	LOCATION SIGNED: Lake Stevens
OFFICER/NUMBER: <i>K. Barnett</i> #135	DATE SIGNED: 07-15-15	LOCATION SIGNED: Lake Stevens

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

/0628 (SP0352) ASNCAS \$SS15001767

LSPD
ORIGINAL